

**INPATIENT TREATMENT RECORD COVER SHEET**

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER			2. NAME (Last, First, MI)				3. GRADE		ADMISSION REMARKS		
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION					
11. FMP		12. SSN		13. ORGANIZATION			14. WARD				
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE					
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION					22. HOURS OF ADMISSION	23. CLINIC SERVICE					
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION		26. DATE OF DISPOSITION		ADMITTING OFFICER			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION						
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED				
31. SELECTED ADMINISTRATIVE DATA											
<div style="text-align: right;"><input type="checkbox"/> Check if Continued on Reverse</div>											
33. CAUSE OF INJURY											
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES											
35. Total Days This Facility											
a. ABSENT SICK DAYS		b. OTHER DAYS		c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS		e. BED DAYS		f. TOTAL SICK DAYS	
36. Total Days All Facilities											
a. ABSENT SICK DAYS		b. OTHER DAYS		c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS		e. BED DAYS		f. TOTAL SICK DAYS	
SIGNATURE OF ATTENDING MEDICAL OFFICER						SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER					

